



WESTMINSTER

MS4 STORMWATER COMPLIANCE INSPECTION

Project Information

Project Name:	
Project Address:	Land Disturbance Permit #:
CDPS Permit No.:	Date of Inspection:
Project Contractor:	Phone Number:
Project Qualified Stormwater Manager:	Phone Number:

Reason(s) for Inspection

<input type="checkbox"/> Initial Inspection	<input type="checkbox"/> Required every 90 Calendar Day Reduced Inspection for inactive sites/stormwater management program/ SWMP staff vacancy (circle one)
<input type="checkbox"/> Required 45 Calendar Day Routine Inspection for MS4 Oversight	<input type="checkbox"/> Complaint: Date reported/identified:
<input type="checkbox"/> Required 14 Calendar Day Indicator Inspection for MS4 Oversight (screening/drive-by)	<input type="checkbox"/> Other:
<input type="checkbox"/> Required 14 Calendar Day Compliance Inspection for MS4 Oversight (corrective action follow-up)	

Construction Site Assessment

1. Did the project fail to implement control measures? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5. Do any control measures need routine maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Were inadequate control measures observed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	6. Were the results of this inspection discussed with the QSM? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Was offsite tracking observed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	7. Were all pollutant sources evaluated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Were any offsite discharges observed at the time of inspection? If yes, describe: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Comment:

MS4 Inspection Results

<input type="checkbox"/> Passing Inspection: No deficiencies exist. <input type="checkbox"/> Passing Inspection: No deficiencies exist but routine maintenance identified. <input type="checkbox"/> Deficiencies Exist: Please note corrective actions must be addressed immediately in most cases.	Deficiencies identified in this inspection may constitute violations of Westminster Municipal Code. Notices of Violation may be issued separately to sites with illegal discharges, site-wide or systematic control measure issues, chronic site violations, and/or repeated non-compliance items.
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Please note, this report may not include all deficiencies on your site. This MS4 oversight inspection is designed to assist the City in determining if this site's stormwater program is being consistently and effectively implemented.



MS4 COMPLIANCE INSPECTION

Control Measure Status							
M–Maintenance, F–Failure to Implement Control, I–Inadequate Control, R–Remove Control, O–Other, W–Working							
	Control Measure	Control Measure Status	Installed per Detail?		If Maintenance, Is Routine?		Corrective Action Needed and Notes
1			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
20			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



General Notes:

MS4 Inspector Printed Name:	Date:	Signature:
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Photo 1:



Photo 2:

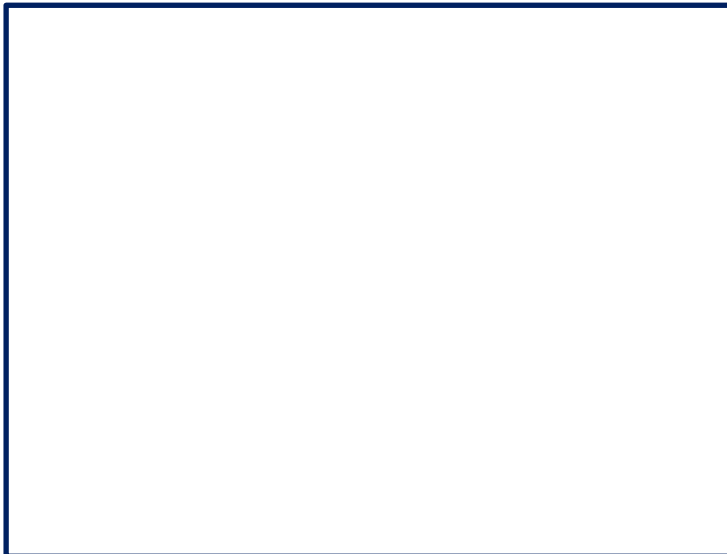


Photo 3:



Photo 4:



Photo 5:



Photo 6:



Photo 7:



Photo 8:



Photo 9:



Photo 10:



Photo 11:



Photo 12:



Photo 13:



Photo 14:



Photo 15:



Photo 16:



Photo 17:



Photo 18:



Photo 19:

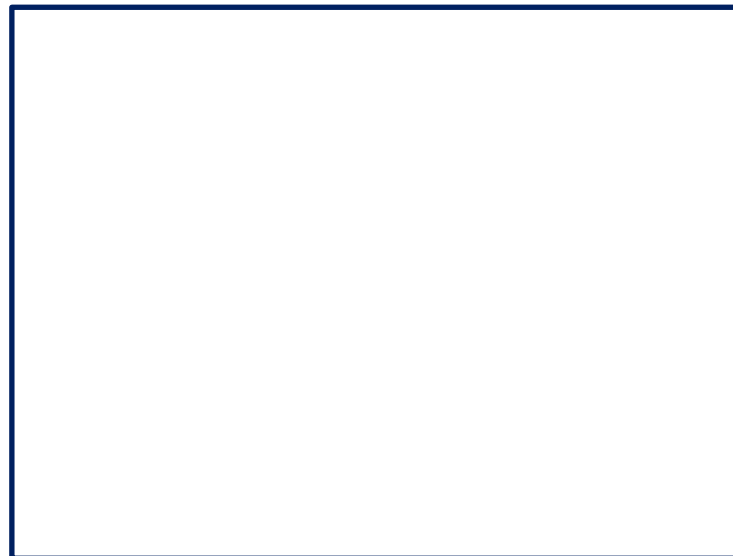


Photo 20:



Photo 21:



Photo 22:



Photo 23:



Photo 24:



Photo 25:



Photo 26:



Photo 27:



Photo 28:



Photo 29:



Photo 30:



Photo 31:



Photo 32: